

<i>SERFF Tracking Number:</i>	<i>LCNC-127151446</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48787</i>
<i>Company Tracking Number:</i>	<i>AA-531(4-11)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Contract Amendment</i>		
<i>Project Name/Number:</i>	<i>Contract Amendment/AA-531(4-11)</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Contract Amendment	SERFF Tr Num: LCNC-127151446	State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 48787
Sub-TOI: A02.11.002 Flexible Premium	Co Tr Num: AA-531(4-11)	State Status: Approved-Closed
Filing Type: Form	Authors: Sue Pape, Anabela Tavares	Reviewer(s): Linda Bird
	Date Submitted: 05/16/2011	Disposition Date: 05/19/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Contract Amendment	Status of Filing in Domicile: Pending
Project Number: AA-531(4-11)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 05/19/2011
	State Status Changed: 05/19/2011
Deemer Date:	Created By: Sue Pape
Submitted By: Sue Pape	Corresponding Filing Tracking Number:
Filing Description:	
The Lincoln National Life Insurance Company	
NAIC #: 020 – 65676 FEIN#: 35-0472300	

Re: Individual Variable Annuity Forms
AA-531(4-11) Contract Amendment for LTC Benefits

We are submitting the above referenced amendment for your review and approval. This form is new and does not replace any other forms previously approved by your Department. This amendment will be used in conjunction with the

SERFF Tracking Number: LCNC-127151446 State: Arkansas
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Company Tracking Number: AA-531(4-11)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Contract Amendment
Project Name/Number: Contract Amendment/AA-531(4-11)

issue and delivery of rider forms AR-518(3-10) and AR-519(3-10) which were previously approved by your Department on April 20, 2010 under SERFF Tracking # LCNC-126574926 and State Tracking # 45444. This form contains no unusual or controversial features or language that deviates from normal insurance industry standards. The enclosed form is submitted in final printed format and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

This form is exempt from readability requirements because it is registered as securities under federal law.

We provide the following description for the enclosed form:

AA-531(4-11) is a contract amendment which must be signed and dated by the Contract Owner and received by the Company within 45 days of rider delivery. If the Contract Amendment is not returned, the rider automatically terminates before any rider charges have been assessed. This amendment confirms eligibility criteria that is obtained from the client prior to rider issuance and is necessary to support the new business process for the issuance of the previously approved riders. We have no alternative or rated plan for customers who do not satisfy our eligibility criteria.

We have bracketed certain items in the form, indicating their status as variable information, because they may change for new issues of the form in the future. It is our understanding that changes to these items, within the ranges specified in our attached Statement of Variability, will not require a new form filing. We confirm that these brackets will not actually appear on the forms as issued to customers. Please see the enclosed Statement of Variability for explanations regarding the variable items.

Thank you for your attention to this filing. Please do not hesitate to contact me if you require any additional information that may assist with your review.

Company and Contact

Filing Contact Information

Sue Pape, Contract Analyst Sue.Pape@lfg.com
350 Church Street 860-466-1492 [Phone]
MPM1 860-466-1348 [FAX]
Hartford, CT 06103-1106

Filing Company Information

The Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church Street - MPM1	Group Code: 20	Company Type: Life
Hartford, CT 06103-1106	Group Name:	State ID Number:

SERFF Tracking Number: LCNC-127151446 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 48787
Company Tracking Number: AA-531(4-11)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Contract Amendment
Project Name/Number: Contract Amendment/AA-531(4-11)
(860) 466-2899 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	05/16/2011	47648874

<i>SERFF Tracking Number:</i>	<i>LCNC-127151446</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AA-531(4-11)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>Contract Amendment</i>		
<i>Project Name/Number:</i>	<i>Contract Amendment/AA-531(4-11)</i>		

Disposition

Disposition Date: 05/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Contract Amendment for LTC Benefits		Yes

SERFF Tracking Number: LCNC-127151446 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 48787

Company Tracking Number: AA-531(4-11)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable

Product Name: Contract Amendment

Project Name/Number: Contract Amendment/AA-531(4-11)

Form Schedule

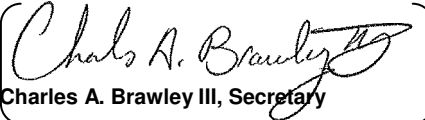
Lead Form Number: AA-531(4-11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AA-531(4-11)	Policy/Cont Contract Amendment Initial ract/Fratern for LTC Benefits al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			0.000	AA-531(4-11).pdf

CONTRACT AMENDMENT FOR LTC BENEFITS

Effective upon the date it is signed by the Owner (and the Covered Life if different), this Contract Amendment For LTC Benefits ("Contract Amendment") shall become a part of the Annuity Contract ("Contract") to which it is attached.

Signed for The Lincoln National Life Insurance Company (the "Company")


Charles A. Brawley III, Secretary

I, the Owner, acknowledge that the Long-Term Care Benefits Rider that describes long-term care benefits under the Contract shall be terminated and void from the beginning if this Contract Amendment is not: (1) signed and dated by me (and the Covered Life if different); and (2) received by the Company within [45] days of the effective date of such Rider.

I, the Owner (and the Covered Life if different), hereby affirm and agree that all the following statements are true to the best of my knowledge and belief. I understand that eligibility for long-term care coverage under the Contract is established by this Contract Amendment. I acknowledge that if any of the following statements are not true, the Covered Life is not eligible for long-term care coverage under the Contract. I acknowledge that if I knowingly and intentionally misrepresent the truthfulness of any of the following statements, which are relevant facts relating to the health of the Covered Life, the provisions of the Contract that relate to LTC Benefits may be void from the beginning pursuant to the Incontestability clause of the Long-Term Care Benefits Rider.

1. Within the past 5 years, the Covered Life has **not**:
 - a. Applied for any long-term care insurance, or annuity or life insurance with a long-term care benefit and been either: (i) declined; or (ii) offered coverage on a rated or modified risk classification basis.
 - b. Resided in, nor been recommended by a Licensed Health Care Practitioner to reside in, a Nursing Home or Assisted Living Facility, as defined in the Long-Term Care Coverage Endorsement.
 - c. Received Home Health Care, Maintenance or Personal Care Services, or Adult Day Care, as defined in the Long-Term Care Coverage Endorsement, for more than a total of 14 days.
 - d. Received or applied for any form of disability benefits, including but not limited to disability insurance, Worker's Compensation, and Social Security Disability Insurance.
 - e. Had any impairment, mental or physical, for which the Covered Life needed or received assistance or supervision with the Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, or Transferring) as defined in the Long-Term Care Coverage Endorsement.
 - f. Used or been advised by a Licensed Health Care Practitioner to use: oxygen, catheter, dialysis machine or other health-related mechanical device.
 - g. Been advised by a Licensed Health Care Practitioner to have any surgery which has not been completed.

[OWNER CONTRACT COPY]

- h. Been issued a permanent handicap parking placard, plate or sticker, unless issued for use pursuant to qualification of someone other than the Covered Life as handicapped.
 - i. (i) Used or required the use of any assistive device (including but not limited to a wheelchair, walker, stair lift, motorized cart or cane) on more than a total of 30 days; and/or (ii) been advised by a Licensed Health Care Practitioner to habitually use any assistive device.
- 2. Within the past 5 years, the Covered Life has **not** been: (i) diagnosed as having or treated by a Licensed Health Care Practitioner for; and/or (ii) hospitalized for:
 - a. Alcohol or drug use.
 - b. Any type of cancer, other than non-melanoma skin cancer.
 - c. Bipolar disorder, schizophrenia, major depression requiring the use of three or more different medications taken simultaneously or attempted suicide.
- 3. Within the past 2 years, the Covered Life has **not** been diagnosed as having or treated by a Licensed Health Care Practitioner for:
 - a. Heart attack, heart surgery, angioplasty of any heart vessels, heart valve replacement or repair.
 - b. Stroke, Transient Ischemic Attack (TIA, that is, mini-stroke), carotid artery surgery or other vascular surgery.
 - c. Chronic Obstructive Pulmonary Disease (COPD) or chronic bronchitis.
- 4. The Covered Life has **never** been: (i) diagnosed as having or treated by a Licensed Health Care Practitioner for; and/or (ii) taken medication for:
 - a. Congestive Heart Failure, cardiomyopathy, or congenital heart disease.
 - b. Acquired Immune Deficiency Syndrome (AIDS) or an AIDS related condition.
 - c. Memory loss, Alzheimer's Disease or other dementia.
 - d. Parkinson's disease, Huntington's chorea, Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS), myasthenia gravis (except ocular form of myasthenia gravis which is acceptable), or muscular dystrophy.
 - e. Rheumatoid arthritis, systemic lupus, polymyositis, dermatomyositis, systemic sclerosis, or vasculitis.
 - f. Chronic liver disease, chronic hepatitis B or C, cirrhosis, impaired kidney function, or kidney transplant.
 - g. Diabetes, treated with insulin.

5. The Covered Life is **not** currently:

- a. Confined to a hospital.
- b. Receiving Medicaid.
- c. Weighing less than or more than the minimum and maximum weight listed below:

Height	Minimum Weight (lbs.)	Maximum Weight (lbs.)	Height	Minimum Weight (lbs.)	Maximum Weight (lbs.)
4' 10"	81	203	5' 10"	119	296
4' 11"	84	210	5' 11"	122	304
5' 0"	89	217	6' 0"	125	313
5' 1"	94	224	6' 1"	128	322
5' 2"	96	232	6' 2"	132	331
5' 3"	98	239	6' 3"	136	340
5' 4"	101	247	6' 4"	139	349
5' 5"	104	255	6' 5"	143	358
5' 6"	107	263	6' 6"	146	367
5' 7"	111	271	6' 7"	150	377
5' 8"	114	279	6' 8"	155	386
5' 9"	117	287			

Caution: If your affirmation and agreement that all the above statements on this amendment are true to the best of your knowledge and belief is incorrect or untrue, the Company has the right to deny benefits or rescind your long-term care insurance rider.

Signature of Owner

Date

Signature of Covered Life (if different) Date

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<i>Project Name/Number:</i>	<i>Contract Amendment/AA-531(4-11)</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Arkansas Reg. 19.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	
Comments:		
Attachment:		
SOV-AA-531(4-11).pdf		

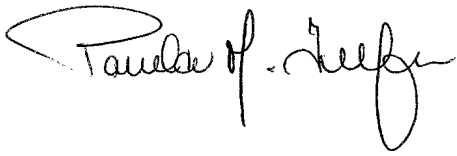
ARKANSAS

CERTIFICATE OF COMPLIANCE

The Lincoln National Life Insurance Company

Re: AA-531(4-11) – Contract Amendment for LTC Benefits

To the best of my knowledge and belief, the policy form listed above complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, appearing to read "Pamela M. Telfer". The signature is fluid and cursive, with a large initial "P" and "M".

Pamela M. Telfer, VP
Product Compliance & State Filing

Date: 5/16/2011

STATEMENT OF VARIABILITY

The Lincoln National Life Insurance Company

Contract Amendment for LTC Benefits: **AA-531(4-11)**

Used with

- 1) Long-Term Care Coverage Endorsement: **AE-517(1-10)**
- 2) Long-Term Care Benefits Rider: **AR-518(3-10)**
- 3) Long-Term Care Benefits Rider: **AR-519(3-10)**
- 4) LTC Fixed Account Rider: **AR-532(1-10)**
- 5) LTC Benefit Specifications: **AS-533(1-10)**

This statement shows the particular sections and provisions in the above noted insert page forms that contain bracketed items to indicate variability. The variable items are bracketed and followed by a text box with the corresponding range of variability and an explanation for each. No change in variability will be made which in any way expands the scope of the item being changed.

Variable items listed herein may be changed by the Company for new contracts only. The use of variability shall be administered in a uniform manner and shall not result in unfair discrimination.

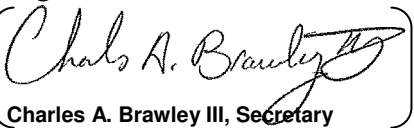
CONTRACT OWNER NAME: [JOHN DOE]

[PRODUCT NAME] CONTRACT NUMBER: [XX987654321]

RANGE: The Contract Owner Name and Contract Number are client-specific. The Product Names currently possible to be shown are: Multi Fund 5; Lincoln Select; American Legacy[®]; American Legacy[®] (A Class); American Legacy[®] (B Class); American Legacy[®] Design 1; American Legacy[®] Design 2; American Legacy[®] Design 3; Shareholders Advantage; Lincoln ChoicePlusSM; Lincoln ChoicePlusSM Design 1; Lincoln ChoicePlusSM Design 2; Lincoln ChoicePlusSM Design 3; Lincoln ChoicePlusSM Assurance (A Class); Lincoln ChoicePlusSM Assurance (B Class); Lincoln ChoicePlusSM Assurance (Bonus); Lincoln ChoicePlusSM Fixed; Lincoln GrowSmart; Lincoln ChoicePlusSM Advantage Fixed.

EXPLANATION: The form will show the client's name, contract owner, and the name of the product. Because this form is returned to us by mail, having the Product Name helps our administrative team direct the form to the attention of the proper servicing department as efficiently and quickly as possible.

Signed for The Lincoln National Life Insurance Company (the "Company")


Charles A. Brawley III, Secretary

EXPLANATION: The rider will be signed by a President, Vice President, Secretary or Assistant Secretary of the Company. We reserve the right to have the rider actually signed by any such officer of the company as of the Rider Date.

I, the Owner, acknowledge that the Long-Term Care Benefits Rider that describes long-term care benefits under the Contract shall be terminated and void from the beginning if this Contract Amendment is not: (1) signed and dated by me (and the Covered Life if different); and (2) received by the Company within [45] days of the effective date of such Rider.

RANGE: The Company may set the time period for return of the Contract Amendment from 30 to 90 days after the Rider Date.

EXPLANATION: We wish to receive this affirmation as promptly as possible, but require flexibility in setting an absolute deadline pursuant to our actual experience with this process. As the first rider charges are assessed 3 months after the Rider Date, we would not set a deadline past the point upon which we would need to refund rider charges.

[OWNER CONTRACT COPY]

RANGE: The Company may print instructions such as AGENT COPY, OWNER SIGN & RETURN COPY, and OWNER CONTRACT COPY in the lower right-hand corner of the form.

EXPLANATION: The form is provided in triplicate. One copy is to be bound to the contract (Owner Contract Copy). One copy is to be returned to Lincoln for our records (Owner Sign & Return Copy). One copy is to be kept by the agent for her records (Agent Copy).